

Housing & Community Development Portability Request

Head of Household:	
Current Address:	
Current Telephone Number(s):	
Effective Date of Move (must be th	e end of a month):
	of the notice to vacate you have delivered to your
	t utility bill(s), and a current rent receipt. If these
documents are not attached, this wi	ll delay your portability request.
Name of Housing Authority:	
Address of Housing Authority:	
Portability Contact Person:	
	Fax Number:
By completing and signing this form	m, I am requesting my information be forwarded to the
above listed housing authority. I u	inderstand that it will take this Department approximately
ten (10) business days to process.	
Signature:	Date:
	I, of the United States Code states that a person is GUILTY OF A FELONY FO SE OR FRAUDULENT STATEMENTS to any department or agency of the United FELONY UNDER THE LAWS OF THIS STATE.
HCI	HCD Staff Use Only
Processed Date:	
Staff Signature:	